



# Overnight Camp 2018

## Camper Information and Medical Form

Day camper medical form, other registration forms and/or online registration are available at [www.circlerranch.ca](http://www.circlerranch.ca)

This form must be submitted to camp office by May 1st, 2018 or upon registration if after that date. Please ensure it is filled out completely and accurately. Campers cannot attend camp without completing and submitting this form prior to camp. Please fill out a separate form for each camper.

\_\_\_\_\_  
CAMPER (Last name) (given name commonly used) ☐ Male ☐ New Camper  
☐ Female ☐ Returning Camper

\_\_\_\_\_  
Birth date: (mm/dd/yy) Age Grade as of June 2018 School

### PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital Status of camper's parents/guardians: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Other \_\_\_\_\_

Legal Custody: Please indicate who has custody and is legally responsible for this camper (be sure to include their contact information below):

☐ Both Parents (live together) ☐ Joint Custody (live apart) ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Camper lives with: ☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Other (Specify): \_\_\_\_\_

Are there any custody concerns we should be aware of? \_\_\_\_\_

### PLEASE LIST IN ORDER WHO SHOULD BE CONTACTED IN CASE OF ILLNESS OR MEDICAL EMERGENCY: (print clearly)

**First contact:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. First and Last Name: \_\_\_\_\_

\_\_\_\_\_  
Home Tel. # Work Tel. # Cell Summer # Relationship to Camper

**Second contact:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. First and Last Name: \_\_\_\_\_

\_\_\_\_\_  
Home Tel. # Work Tel. # Cell Summer # Relationship to Camper

**Third contact:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. First and Last Name: \_\_\_\_\_

\_\_\_\_\_  
Home Tel. # Work Tel. # Cell Summer # Relationship to Camper

### HEALTH CARE INFORMATION

\_\_\_\_\_  
Camper's Health Card Number Version Code: Campers Height Campers Weight

Family Doctor: \_\_\_\_\_ Family Doctor Tel. # \_\_\_\_\_

Is this your child's first time away from home overnight without parents? ☐ Yes ☐ No

No. of years at Circle R: ☐ Overnight Camp \_\_\_\_\_ ☐ Day Camp \_\_\_\_\_ ☐ March Break Day Camp \_\_\_\_\_  
☐ PD Day Camp \_\_\_\_\_

No. of years at other camps: \_\_\_\_\_ Name of camp(s) \_\_\_\_\_

Does your camper have any siblings? Please list names and ages: \_\_\_\_\_

If camper has had any of the following, or any significant medical conditions, physical limitations, or other concerns which might affect your camper's stay at Camp: please check all that apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Measles, Red            | <input type="checkbox"/> Measles, German    | <input type="checkbox"/> Frequent Colds             |
| <input type="checkbox"/> Chicken Pox             | <input type="checkbox"/> Sinus Trouble      | <input type="checkbox"/> Frequent Ear Infections    |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Hay Fever          | <input type="checkbox"/> Frequent Throat Infections |
| <input type="checkbox"/> Heart Condition         | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Frequent Headaches         |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Mumps              | <input type="checkbox"/> Severe Stomach Aches       |
| <input type="checkbox"/> Hepatitis               | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Sleep Walking              |
| <input type="checkbox"/> Whooping Cough (recent) | <input type="checkbox"/> Fainting           | <input type="checkbox"/> ADD / ADHD                 |
| <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> Sprains or Strains | <input type="checkbox"/> Other (please elaborate)   |

If your child has or had any of the above, does it affect their ability to participate in activities? If so, how?

Please note: Campers found to have head lice on arrival will be sent home until matter has been resolved. There will be no refund of camp fees. Please do a head lice check on your child regularly and within 3 days before arriving at camp.

(For residence campers) does your child have a history of bed wetting? ☐ Yes ☐ No

If so, please provide helpful hints or routines:

#### IMMUNIZATION HISTORY:

Is your camper's Tetanus Shot up to date? ☐ Yes ☐ No

If no, please specify: \_\_\_\_\_

Date of last Tetanus shot (DPTP Shot on Immunization Card): (dd/mm/yy) \_\_\_\_\_

Please note Tetanus shot must be administered every 10 years.

Is your camper's immunizations up to date? ☐ Yes ☐ No

Are there immunizations you have chosen not to give your camper? ☐ Yes ☐ No

If yes, please specify:

**DIETARY NEEDS OR RESTRICTIONS:** ☐ Vegetarian ☐ Lactose Intolerant ☐ Other:

***\*Please note, Circle R Ranch meals and snacks are peanut and tree nut-free.\****

Please elaborate if your camper has a dietary need or restriction as indicated above. Note: all dietary concerns must be listed here prior to the start of the session. All information regarding the special dietary needs will be shared with the kitchen staff. \_\_\_\_\_

**ALLERGIES:** Please be specific, attach separate page if necessary.

☐ Penicillin    ☐ Bee/ Wasp Stings    ☐ Foods (specify in chart below)

☐ Animals (specify): \_\_\_\_\_ ☐ Drugs (specify): \_\_\_\_\_

☐ Other: \_\_\_\_\_

Carries Epi-Pen    ☐ Yes    ☐ No    for the following allergy. \_\_\_\_\_

If camper uses an Epi-Pen, he/she must bring at least one to camp. (two Epi-Pens are recommended)

Wears Medic-Alert Bracelet: ☐ Yes    ☐ No

Please provide details, be specific, attach separate page if necessary.

Indicate type: drug, food, environmental, insect, other	Allergen (please be specific)	Type & severity of reaction (indicate if life-threatening)	Management/Treatment/Medication	Date of last reaction

**ASTHMA:** Does your child suffer from asthma? ☐ No    ☐ Yes

If yes, indicate severity?    ☐ Mild    ☐ Moderate    ☐ Severe

What are the triggers for these attacks?

\_\_\_\_\_

I give permission for my child to keep in his/her tent and/or on his/her person an inhaler which the camper will administer as prescribed. ☐ No    ☐ Yes

**MEDICATIONS:**

Is the camper currently on any medication (prescriptions or homeopathic)? If so, what? \_\_\_\_\_

How and when is this medication administered? \_\_\_\_\_

\_\_\_\_\_

Will other medicine be sent to camp (prescription or over-the-counter)? ☐ No    ☐ Yes

Please list medicine and instructions:

\_\_\_\_\_

\_\_\_\_\_

**OVER-THE-COUNTER MEDICINE:**

At Circle R, we use the medications listed below if deemed necessary. Please comment on and/or clarify anything you do NOT want administered

☐ Tylenol (Acetaminophen), ☐ Advil (Ibuprofen), ☐ Benadryl (bug bites), ☐ Cough medicine, ☐ Cold medications  
☐ Antihistamines

If NO, what would be an appropriate alternative?

\_\_\_\_\_

**ACTIVITIES:** Does your child have any other physical, health, developmental, behavioral, or emotional condition that may affect his/her ability to participate in camp activities or about which we should be aware to ensure a successful time at camp? ☐ No ☐ Yes

If yes, give details: \_\_\_\_\_

**RECENT:** hospitalization, operation, injury, serious illness, or infectious disease: If so, give date and details

\_\_\_\_\_

**FEMALE CAMPERS:** (residence campers) Has your camper menstruated? ☐ yes ☐ no  
If not, has she been told about menstruation? ☐ yes ☐ no

**OTHER:** Please detail any other medical information of use to the Camp.

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT REMINDERS** (please read carefully) Medications must be left with the health care staff while at camp. All prescription medications must be in their original container and must be labeled with the doctor's name, child's name, dosage, schedule, route and date. All over the counter medications must be in the original container with proper labeling.

**RIDING EXPERIENCE**

Has your camper ever been trail riding or taken lessons? Please describe: \_\_\_\_\_

Does your camper have any fears or concerns about riding? \_\_\_\_\_

What horse(s) did your camper ride last year? \_\_\_\_\_ Would your camper like to request a horse? \_\_\_\_\_

**SWIMMING ABILITY**

☐ Non-swimmer ☐ Beginner ☐ Intermediate ☐ Swims like a fish

Has your camper taken swimming lessons? ☐ Yes ☐ No Does he/she have any fears around water? \_\_\_\_\_

**GROUP MATES**

Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list here:

---

*(Please list a **maximum** of **two** persons who are your camper's **AGE and GRADE** in school. Please list your names in order of preferences. We look to **TWO NAMES ONLY** and each request **must be reciprocated** in order to be considered. Group mate requests are **NOT** guaranteed. Requests must come in writing from **BOTH** families.)*

**CAMPER INFORMATION:**

The follow questions are optional. Please share any information that may help staff and counselors to provide a positive and meaningful camp experience for your child.

**1) Hesitations / Fears: a) Is your camper hesitant about any aspect of camp? b) Does your camper have any serious fears?**

---

---

**2) Personal Habits / Characteristics: a) Is there anything that staff should be aware of regarding your camper's personal habits?**

---

---

---

**b) What characteristics best describe your camper?**

---

**3) Interests / Goals: a) What special talents/interests does your camper have?**

---

---

**b) What is the most important thing you hope this camp experience will do for this camper?**

---

---

**4) What activities does your child enjoy the most?**

---

---

**5) Notes / Other Comments:**

---

---

**CONDITIONS OF REGISTRATION: (please read carefully!)**

**CAMPER AGREEMENT:** Please review our camper code of conduct carefully with your child, as available at our website or by request. We reserve the right to dismiss a camper who does not comply with our Code of Conduct.

**My child has read and agrees to abide by the Code of Conduct, and enter into activities with a positive spirit.**

**Terms and Conditions**

- All medical conditions requiring ongoing medical supervision or care have been fully noted.
- To the best of my knowledge, the information on this medical record is complete, current and accurate.
- I will submit any changes to this health form in writing to the camp prior to arrival.
- I will notify the camp in writing if any changes occur in my child's health status, medications, or family status between now and the start of the Camp session, or he/she is exposed to any communicable disease within 3 weeks prior to arrival at camp.
- I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary.
- I understand that I cannot bring my child to camp if he/she is showing or has been in contact with someone showing any of the following symptoms: cough, runny nose, fever, vomiting or diarrhea. I understand that if she exhibits these signs upon arrival or during stay at camp, he/she will be sent home until she has been symptom-free for 48 hours. I understand that there is no reduction or refund of camp fees for campers having to return home due to illness.
- If for any reason your child requires medical attention or special medication beyond that furnished by Circle R Ranch, I authorize the Camp Director or his/her appointee to authorize on my behalf to take whatever steps deemed necessary to ensure the safety and health of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made.
- I agree to reimburse the camp for any prescriptions or medical expenses incurred for this camper.
- I will do a head lice check on my child regularly and within 3 days before arriving at camp. Campers found to have head lice on arrival will be sent home until matter has been resolved. There will be no refund of camp fees.
- I understand camp is a unplugged environment, I will ensure my camper will not bring cell phone, iPod, MP3 player, gaming devices or any other personal electronic devices to camp.
- I grant Circle R Ranch permission to use any photographs or videos taken of my child in their promotional material.
- To the best of my knowledge, my child is in good health, does not have a communicable disease, and is physically able to participate in all Camp activities except as indicated above. I approve my child's participation in all camp programs and activities unless, I, the parent/guardian advise Circle R Ranch in advance in writing.

My signature below indicates all information on this application form is complete and accurate, I understand that my camper will not be registered until all portions of this application form have been completed.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*This form must be submitted to camp office by May 1st, 2018 or upon registration if after that date. Please ensure it is filled out completely & accurately. Campers cannot attend camp without completing and submitting this form prior to camp. Please fill out a separate 2018 Camper Information and Medical Form for each child attending camp.*